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							(0316)	
APPLICATION NO.	O. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/732,747	732.747 12/10/2003		Joseph E. Kovach		391/US/3 6535			
TITLE OF INVENTION: REMOTE CONTROL OPERATING SYSTEM AND SUPPORT STRUCTURE FOR A RETRACTABLE COVERING FOR AN ARCHITECTURAL OPENING								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	11/06/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]				
JOHNSON, BLAIR M		3634	160-16810P	-				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a singl registered attorney or a	rinting on the patent front page, list names of up to 3 registered patent attorneys ts OR, alternatively, name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is to name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIG	INEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Hunter Douglas Inc.			Upper Saddle River, New Jersey					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖼 Corporation or other private group entity 🔲 Government								
	o small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  XXM he Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1415 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ \text{ \text{C}}} \\ \text{ \text{ \text{a}}} \\ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{c}}}}}}} \\  \text{								
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Authorized Signature	Dany	Blum		DateZ	No.	vember 2006		
	Gary M. Pol			Registration N				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,								

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